

CLAIMS AS AMENDED								
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	28		56		0	X \$50.00		\$0.00
Independent Claims	3		8		0	X \$210.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$370.00		\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$130 <input type="checkbox"/>	2 <sup>nd</sup> Month \$490 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1110 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1730 <input type="checkbox"/>	5 <sup>th</sup> Month \$2350 <input type="checkbox"/>		\$1110.00	
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -								- \$555.00
TOTAL FEE DUE								\$555.00

**ATTORNEY DOCKET NO. 21101.0049U2**  
**APPLICATION NO. 10/532,198**

**Payment:**

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Payment by credit card in the amount of \$\_\_\_\_\_ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$555.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

**BALLARD SPAHR ANDREWS  
& INGERSOLL, LLP**

/Charley F. Brown #52,658/  
Charley F. Brown  
Registration No. 52,658

**BALLARD SPAHR ANDREWS  
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